



**TRINITY RIVER AUTHORITY AND CITY OF CARROLLTON
ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**

Instructions:

Please use the Summary of the Dental Rule Table within the Dental Dischargers packet as guidance to assist with the completion of this form. For further information on the Dental Rule, please visit the following website: <https://www.epa.gov/eg/dental-effluent-guidelines> and the regulatory links in this form. To find linked sections on paper copy of this form, please visit: <https://www.ecfr.gov/cgi-bin/text-idx?mc=true&node=pt40.32.441&rgn=div5>.

General Information

Name of Dental Facility				
Physical Address of Dental Facility				
City:		State:		Zip:
Mailing Address				
City:		State:		Zip:
Facility Contact				
Phone:		Email:		
Names of Owner(s):				
Names of Operator(s) if different from Owner(s):				

Applicability: Please Select One of the Following and the Transfer of Ownership (If Applicable)

To determine applicability, please use the Summary of the Dental Rule table within the Dental Dischargers packet as a guideline and the referenced links in this section. If the facility is transferring ownership, then also check the last box in this section. Even if the facility has completed the One-Time Compliance Report under the previous owner, it must complete applicable sections for the new ownership.

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441.10) and it places or removes dental amalgam. <i>Complete sections A, B, C, D, and E.</i>
<input type="checkbox"/>	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. For further guidance see: EPA. 2016. Technical and Economic Development Document for the Final Effluent Limitations Guidelines and Standards for Dental Category. December. EPA-821-R16-005. Section 15.5. Page 15-5. <i>Complete section E only</i>
(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))	

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by § 441.50(a)(4) .
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Section A

Date of Discharge and Description of Facility

The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.	YES	NO
Total number of chairs:		
Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):		

Section B

Description of Amalgam Separator or Equivalent Device

<input type="checkbox"/>	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:	<i>Chairs:</i>	
<input type="checkbox"/>	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur:	<i>Chairs:</i>	
I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of § 441.30(a)(1) or § 441.30(a)(2) , after their useful life has ended, and no later than June 14, 2027, whichever is sooner.			
Make	Model	Year of installation	
<input type="checkbox"/>	My facility operates an equivalent device. An equivalent device must meet the requirements found in § 441.30(a)(2)		
Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i-iii.

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Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

<input type="checkbox"/>	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40 .	
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .			
<input type="checkbox"/>	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .	
<i>Describe practices:</i>			

Section D

Best Management Practices (BMP) Certifications

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40 and will continue to do so.</p> <ul style="list-style-type: none"> • Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system). • Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).
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Section E

Certification Statement

<p>Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship. Any of the afore mentioned entities can authorize a duly authorized designated signatory to sign this form and must do so in writing. That documentation must accompany the return of this form. This is required by federal, (40 CFR 403.12(l)(3)), state, and local requirements.</p>			
<p><i>"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."</i></p>			
Authorized Representative Name (<i>print name</i>):			
Phone:		Email:	
Authorized Representative Signature		Date	

Please return form by mail or in person to:

Environmental Services
1945 E Jackson Rd.
Carrollton, TX 75006

Retention Period; per [§ 441.50\(a\)\(5\)](#)

<p>As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form. Information retained includes documentation of:</p> <ul style="list-style-type: none"> • The dates, person(s) conducting the inspection, and results of each inspection of amalgam separator(s) or equivalent device(s), and a summary of follow-up actions, if needed. • Amalgam retaining container or equivalent container replacement (date, if applicable) • All dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers.

- Any repair or replacement of an amalgam or equivalent device (include dates, person(s) making repair or replacement, and description of the repair or replacement with make and model).